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Array Aesthetics – Pay in 3 Instalment Plan Terms & Conditions

These Terms and Conditions apply to patients who choose to pay for their treatment(s) at Array Aesthetics via our **Pay in 3 Instalment Plan**.

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1. Eligibility

- The Pay in 3 Instalment Plan is available for **select treatments** or **multiple sessions of treatments** only.
- Patients must be over 18 years of age and provide valid identification.
- The instalment plan must be approved and agreed with a member of the Array Aesthetics team prior to treatment commencing.

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2. Payment Schedule

- The total treatment cost will be split into three equal instalments.
- The first instalment is due at the time of booking or before your first appointment.
- The second and third instalments are due on agreed monthly dates, which will be confirmed in writing at the time of booking.
- **Important:** Each instalment must be paid before your next treatment session can be booked or carried out.
- On your agreed payment dates, a member of our team will contact you to take payment. Once payment has been received, we will then book your next appointment.
- All instalments must be fully paid before your final treatment session.

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3. Late or Missed Payments

- It is the patient's responsibility to ensure each payment is made on or before the agreed due date.
- If a payment is missed or delayed, future appointments may be rescheduled or placed on hold until the balance is brought up to date.
- Persistent late payments may result in the cancellation of your remaining treatments, and any outstanding balance will become immediately due.

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4. Treatment Scheduling

- Treatments may be scheduled across the payment period, however:
    - No treatments will be performed unless the instalment due at that point has been paid in full.
    - Final treatments will not be administered until the final instalment has been successfully received.

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5. Cancellations and Refunds

- If you choose to cancel your treatment plan before completion, any refund due will be calculated based on treatments already received and a cancellation administration fee may apply.
- Refunds will not be issued for missed or unattended appointments.

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6. Agreement & Confirmation

By signing below, you confirm that:

- You have read and understood the above terms and conditions.
- You agree to the agreed payment schedule and accept responsibility for ensuring payments are made on time.
- You understand that failure to comply with the payment schedule may result in treatment being paused or cancelled.

Patient Agreement

Patient Full Name:

Email Address:

Phone Number:

Treatment Plan Agreed:

Total Cost of Treatment: £

Payment Dates:

- 1st Instalment: £___on _ / /
- 2nd Instalment: £_ on _ /
- 3rd Instalment: £__ on / /

Patient Signature: _____
Date: / /

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Staff Member Name:

Staff Signature:
Date: / /